--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WITH UNFADING INK--THIS IS A PERMANE MARGIN RESERVED FOR BINDING WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
N 2	Registration Dist. No.
Village or City Nursed (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Stell born Ba	tion, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 700 5 , 1933
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 5 193?	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, at
yrs. O mos. O ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	There was no Physicean
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Charles Co Md	Contributory Secondary  (Duration)de,
10 NAME OF Haufas Banjatus	(Signed) UN Thompson
OF FATHER (State or country) Charles Co Ind  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER PLOWER Johnson	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Charles co Mid	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ida Rryos	Former or usual residence
(Address) Ilronsidio med	Ooklsrove Nov. 7. 1933
Filed Nov 6 19233 UN Thrompson	Lenne washington Ruesside md
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Physician, etc., Foreman, For many occupations a single word or term on without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease chopneumonia (secondary), The n .ture of the injury, etc. The contributory valvular heart discase; Nomenclature Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

N. Ex-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE MAINLY, WA

V. S. No. 1

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 108
Village or City August (No. 12 2FULL NAME ROTS Eleza	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7/00 2 , 1923 (Month) (Day) (Year)
6 DATE OF BIRTH  8 00 2 7, 835  (Month) (Dat) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 200 23 192 to 20 25  that I last saw h & alive on 200 25
7 AGE    State	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Acres October particular kind of work Acres (b) General nature of industry	Leefliere za
business, or establishment in teach at laure which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Lee, Debete le old agresseondary
10 NAME OF LECKLOSON	(Signed) (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	/*State / the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER ORTHOLICE Pull	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Cles STATE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) He flevely led	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLD FUELDI CL 11/28, 1933
15 Filed // 28 19233 Era Traffelear Registrar	20 UNDERTAKER ADDRESS METCHONING
If more branks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol approved by letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Committee on Nomenclature of the etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH		122-9	11053
County Church	4		Dist. No.
Village or City Int Vill		NoNoNo	St., War ME instead of street and number)
Length of residence in city or town where de	eath occurredyrs,mos	sds. How long in U.S. if of foreign birth?	yrsd
2. FULL NAME RELL	1 /oring		
(a) Residence: No.	(Usual place of abode)	St., Ward.	nt give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICAT	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Unglish	erows	1 HEREBY CERTIF	Y, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	we some	I last saw h	
7. AGE Years Months	// VDays   If LESS than	to have occurred on the date stated above, at	m.
33 7-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cau	ises of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	way-	Lovery of ton	A 11/21
CAW MILL DANK -1-			18/3_
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)	rd,	Other Contributory Causes of importance:	
(State or country)			
13. NAME Philip	Me		
4 14. BIRTHPLACE (city or town)	redi	Name of operation	Date of
(State of country)	()	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME	maker	23. If death was due to external causes (VIOLENCE)	fill in also the following:
16. BIRTHPLACE (bity or town)	nd	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	1	Where did Injury occur? (Specify city o	or town, county and State)
17. INFORMANT (Address)	2 Miling	Specify whether injury occurred in INDUSTRY, in H	OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11-11- 75	Manner of injury	
Place	Date	Nature of injury	
19. UNDERTAKER A. V. S. (Address)	rate.	24. Was disease or injury in any way related to occu	pation of deceased?
20, FILED //= / 4 = , 19 3 3 /	7. h. Hiplon	(Signed)	77 ,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

HYSI-	Exaot	
-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	cate.
e stated E	e properly	of certifi
should be	it may be	s on back
ACE	that	ctions
supplied.	n terms so	statement of OCCUPATION is very important. See Instructions on back of certificate.
carefully	TH in pial	nportant.
ould be	F DEA	very in
ation sh	CAUSE	ATION IS
Inform	state	CCUPA
item of	should	nent of 0
-Every	CIANS	staten

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PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 108
Village or City Heighestell (No	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Manuel OR DIVORCED (Write the word)	16 DATE OF DEATH 2 3 , 1933
S DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923, to 2007/3, 1923, that I last saw h saw alive on 2007/3, 1922,
7 7 yrs. / mos. 27 ds.   If LESS than   day hrs. or min.?	and that death occurred on the date stated above, at \$30 pm. The CAUSE OF DEATH * was as follows:  accepted dilation of Heart-
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Charlele 14 and 14	(Duration) yrs mos ds.  Contributory Mal multiture of Secondary  Coed (Duration) yrs d mos ds.
10 NAME OF FATHER HOTALES COLUMN COLU	(Signed) 26cence 6: Colors Deals on in dath (m)
(State or country) (chalcelle Hale might 12 MAIDEN NAME OF MOTHER Collegebia Hay due 13 BIRTHPLACE Ches wife Hale (State or Country) of mores for Med	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) My 11+ Course	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 Filed // 16/33 192 Gra Dhaffeliar Registrar	Old Freedo Cembra 720 /6, 1933. 20 UNDERTAKER ADDRESS EP Jewbar Mechanish

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 3 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease (Recommendations on statement of cause of carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. RGIN RESERVED FOR BINDING B.—WRITE PLAINLY, WITH

V. E. No. 1

ż

PHYSICIANS should state

of OCCUPA-

Exact statement

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5.5
1. PLACE OF DEATH	110	0.1
County Cherry	Registration Dist. No.	6-0
Village or City was La Plata	St.,	Ward
	death occurred in a horpitel or institution, give its NAME instead of street and not be dead of street and not street and no	
2. FULL NAME Follow Son Next		
(a) Residence: No. La Plata na	St., Ward.	
(Usual place of abode)	If nonresident give city or town and !	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193.3. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merokall Cleanury	22. I HEREBY CERTIFY, That I ettended d	deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 6. 1838		; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 apm.	
951 9 /7 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	E Lasta	Min 18
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (yaars) this occupation (month and		
Date dacaased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12, BIRTHPLACE (city or town) Assumudall C. Med	Other Contributory Causes of importance:	
(State er country)	frest.	Um /2
13. NAME COLL HOUSE AND	, / -	~~~~~~~
14. BIRTHPLACE (city or town) Communicate Com	Name of oparation Date of	
(State of country)	What test confirmed diagnosis? Was there an at	
15. MAIDEN NAME Solve or Town Orablish Con My	23. If daath was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Cla Clayforneum (Addrass) La Clayforneum	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, DR REMOVAL  Place M. Reed Data Nov. 75 1983	Mannar of Injury	
19. UNDERTAKER Hunt and Rym (Address) Wal Clow Md	24. Was disease or Injury in any way related to occupation of dacaased?	4
20. FILED NA 744, 1933 Billiam Posing	(Signed)	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- Ordere da
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street cor	1 week ogo
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 doys ago
,		CEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
dones	Moy 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A13-07)
County Charles	Registration Dist. No. 102
Village or City Mary land Town	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	2.6_ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John Garker Gra	4.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH 9 193 3
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Africa African	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (Morth, day, and year) October 13, 1864	l last saw h alive on , 19 , death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the data state of box and the preference of th
8 Trade profession or perticular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupating month and the same in the sa	they by the sound
10. Date deceased last worked at this occupation month and 12. 13. Total time (years) spant in this year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Charles County Mayland	none
13. NAME (Frice Tray)  14. BIRTHPLACE (city or town)	
(State of Country)	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy 20
15. MAIDEN NAME Olyabelt Clagett	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Olyabelt, Clagett  16. BIRTHPLACE (city or town) Maryland  (Stete or country) Maryland	Where did injury occur? On his boat in Date of injury Mar 9, 19 B3  Where did injury occur? On his boat in Mangemon Great
17. INFORMANT Office A. Braza (Address) Prayton, flues & Md	Specify whether injury occurred in INDUSTRY, in HOME, or in Public PLACE.  Was fulling his wester in worth
Place Durkan Creat Nov. 1, 19.33	Manner of injury Essent Crushed,
19. UNDERTAKER Hunt Promise (Address) Walders ml	24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was furfury act of Contain of reasel
20. FILED (D), 10 1933 John J. Maddux Registrar.	(Signed) P. V. Lee Office, akting from mo.
If more blanks are needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK--THIS IS A PERMANE. MARGIN RESERVED FOR BINDING AINLY, Wh WRITE V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. /08
Village or City MACOUNT.  2FULL NAME Celebra Trot	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Quigle	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS than   I day hrs.   ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos de. Contributory wable to take mourishmest
10 NAME OF FATHER OCEAN Holler,  11 BIRTHPLACE OF FATHER  (State or country) The Stee Co. 2700	(Signed) (Durstion) (Durstion) (Outsion) (Durstion) (Du
12 MAIDEN NAME OF MOTHER Many  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  When the Stateyrsmosds.
(Informant) Oscar Vollay  (Address) Maleolin Md	Where was disease contracted, if not at place of death?  Former or usual residence
Filed // // 33 192 Can Shaffel Registrar  If more branks are needed, address State Registra	20 UNDERTAKER ADDRESS  SCAT Larley Maleolin, Md  T, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coal mine, etc. woun-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as 'Congenital," "Senile," etc.), "Dropsy, Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

of OCCUPA.

Exact statement

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82)
County Ellerles	Registration Dist. No. 106
Village or City Andien Head	NoSt.,Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred yrs mos.	ds. How long in U. S. if of foreign birth?yrsmos ds.
2. FULL NAME CORTAN DI arquie	l Howard
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX. 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIYORCED (write the word)	Nov. 26 1933
En 16 married widowed as discoord	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wire or	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Cat 11,1903	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
30 / 15 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Smothered to death
kind of work done, as SPINNER. His herman	- ascilely Jollowing
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at spent in this spent in this	alcoholic State
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Cas. VIM. Journe	
13. NAME Cas. Um. Howard  14. BIRTH/LACE (city or town) Oliverbre G. Mig	Name of operation
(State of County)	What test confirmed diagnosis?Was there an autopsy?
15. MAIDEN NAME Mary honwer.  16. BIRTHPLACE (city or town) Charles Q. Md  (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) Charles G. Md	Accident, suicide, or homicide? UCSIGNAT Date of injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Howard	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Italian Dead Ma	
18. BURIAL, CREMATION, OR REMOVAL MINES 83	Manner of injury
Place Date Date , 1900	Nature of injury
19. UNDERTAKER Stanley Temp	24. Was disease or injury in any way related to occupation of deceased?
(Address) Include Dead My	If so, specify
20. FILED Nov 27 1939 / 6 Sunninghan	(Signed) Leo Gr Dichnell M. D.
Registrar.	(Address) Markey Ma.

If more blanks are peeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of onset The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
) DEC 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
NT RECORD. E	LY. PHYSICI.	i. Exact statem		
A PERMANE	ted EXACT	perly classified	ificate.	
K-THIS IS	nould be sta	may be pro	back of cert	
PADING IN	ied. AGE sl	1s, so that it	tructions on	
WITH UNI	refully suppli	in plain tern	ant. See ins	
E PLAINLY,	should be ca	E OF DEATH	TION is very important. See instructions on back of certificate.	
-WRIT	mation	CAUSI	TION	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ha)
County hortes	Registration Dist. No. 100
Village or City Bel allow Turd	No. St., Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FULL NAME Rathless Houseart	ind
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH 193 3 (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, dey, and year) Oct 6 1933	I last saw h elive on, 19; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, atm.
/ /3 I dey,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Deto deceased lest worked at this occupation (month and separation this content in this	Date of onset
A Jundustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
D. Deto deceased lest worked at this occupetion (month and yeer)	Bronchal / neuma
12. BIRTHPLACE (city or town) Off or les Co	Other Contributory Causes of Importence;
(Stete er country) Monfloyed	Driffe 11-10
13. NAME / Caymond Sungfind 14. BIRTHPLACE (city or town) Bel aller Class Co.	
14. BIRTHPLACE (city or town) Bel Aller Charles (Stete or country)	Neme of operation Dete of
	What test confirmed diegnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) Charles ()	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Paymond Hungerford (Address) Bel Ella Tud	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceSt Thomas Concelespate 20 1933.	Manner of injury
19. UNDERTAKER Paymond Hungerford acting. (Address) Bel alkah mid mid	24. Wes disease or injury In any wey releted to occupetion of deceased?
20. FILED MOD 20 , 19.33 M DASTry Sor	(Signed) Mid Hay den 27 R. M.D. (Address) Bel Collon Und
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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in stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MISAISONA	
Other contributory causes of importance:		Other contributory causes of importance:	
iones	May 1,1923	Gastroenteritis	1 year
_			

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back

TION is very important.

19. UNOERTAKER

(Address)

be Jo

should

AGE

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CEDTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County ellarles	Registration Dist. No. 106
Village or City Inde'an Head	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Wille'and Clegan de	How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (perice the word) William	21. DATE OF DEATH  (Month) & 9 (Oay) 1923 (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of  Christian Bailery	22. I HEREBY CERTIFY. That t attended deceased from 7, 1933, to W. R. P., 1933
6. DATE OF BIRTH (month, day, and year) Oct Will 804 8.  7. AGE Years Months Days II LESS than	t tast saw have alive on 29, 1933; death is said to have occurred on the date stated above, et. 4.45 pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPtNNER Bruck - Layer,  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month end	Cerebral apoplepy.
10. Oate deceased last worked at this occupation (month end year)	4
12. BIRTHPLACE (city or town) Charles Q, Md.  (State or country)	Other Contributory Causes of importence:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
(State of County)	Name of operation Date ot What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME - Robert	23. If death was due to externat causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Birtha & Hardy (Address) Sudian God Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Sudian Hoof Mar Dec 2, 1933	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ....

Registrar.

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAII - H				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
_	

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PLAINLY, WAY UNFADING INK--THIS IS A PERMANE MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH	STATE OF MARYLAND
County Market	CERTIFICATE OF DEATH
On -	Registration Dist. No.
Village or City Thuylon (No. 2FULL NAME OF THE DOWN	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
andle astory of wite the word)	16 DATE OF DEATH 100, 20 , 1983
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than	and that death occurred on the data stated above, atm, The GAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry	There was no physician
business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF JAMES Marbury	(Signed) - hu J Mand day & Suly County. Not) 20 1923 (Address) Noncastes September
STATES (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Albuffla Small	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manufand	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
(Informant) fames markery	Former or usual residence
(Address) Baylon Infl.	Cak Grova Nov. 21. 133
File Nov, 20 1933 John & Maddot	James Markury Granting
If more banks are needed, address Ltate Registrar	16 W. Saratoga St., Balto., W questing V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (o) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationory fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation Locomotive engineer, (h) Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronehopneumonia ("Pneumonia,")

tetorus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e.g., sepsis, "Enhaustion," "Heart failure," Heavings, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; American Medical Association.) earbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL pertonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or misearriage as "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heort disease, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	-		0	1)
- 1	1	U	U	6

1. PLACE OF DEATH	(159)
County Charles	Registration Dist. No. / 🏕
Village or City Leavy See Class Cush	NO. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1 1 -1 0 1 -11	1. ~ 1 '1/
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) No. 13-1933.	I last saw h. C. alive on 13 , 19 33; death is said
7. AGE Years Months Days If LESS than 1 day, 1 2- hrs. or 20 min.	to have occurred on the date steted above, et \( \) \(
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at li. Totel time (years) spant in this recursition (month and spant in this	Grundwity-
year) occupation  12. BIRTHPLACE (city or town) Sellate	Other Coutributory Causes of importance:
(State or country)	
13. NAME Northern Sury.  14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Vargers hilbrers  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT M. angrade Mulbrers	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Pomput med Date not 15, 19 33	Manner of Injury  Nature of injury
19. UNDERTAKER Lagrand Newmon (Address)  La plete not	24. Was diseese or injury In any way related to occupation of deceased?
20. FILED NOV. 13 1933 Allum Prostation	(Signed) M. D. (Address) S. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUHHAR WE	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

By-Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificator. TH UNFADING INK---THIS IS A PERMANENT RECORD LAINLY, z

MARGIN RESERVED FOR BINDING

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f. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charly	CERTIFICATE OF DEATH
	Registration Dist. No. 104
7 08 10	registration Dist. No.
Village or City will (No.	St: Ward) (If death occurred in a hospital or institu
1 1 2 3 (6	tion, give its NAME instead of street and
2FULL NAME JAME V 3, S	> CACI / Nove number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED.	11-3-, 1933
(Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	10-10-23. to // -5' -, 19233
3 16 , 15 3	3 that I last saw h malive on 10 - 26 - 199 =
(Month) (Day) (Year	
7 AGE	
yrs. 5 mos. 5 ds. or mir	
8 OCCUPATION	
(a) Trade, profession or particular kind of work	Mas constant
(b) General nature of industry	Castroportentis, Duration: three months, and
business, or establishment in	(Duration) yrs ds
Owhich employed or (employer)	Contributory Improper Gooding inmproper muraing
9 BIRTHPLACE (State or country)	Descrius.
I 10 NAME OF	(Duration) yrs mos de
FATHER South	(Signed) M. D
M 11 BIRTHPYACE	11-6-1923 (Address) Manquely
C (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	
of MOTHER Wee moore	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country)  Md	of deathyrsds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
6. h	Former or usual residence
(Informant) Tranza Maria	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lyrspanis	-118 88 to + 11-6-13
	20 UNIERTAKER ADDRESS
15 Filed /1-6- 1983 7 h, Hydd	PO A Mai 116 8 OR'
Registra.	ware y medded non fruit
If more blanks are needed, address State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

f thess of various pursuits can be known. The quescapation is very important, so that the relative health should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of Statement of Occupation-Precise statement of ocer," et.., WillowLaborer, Laborerannaged Spinner, (b) Collon mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Physician, Compositor, Architect, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Dealwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Duy Stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Corcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," can be ascertained as the cause. Always qualify all tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY Chronic etc. affection need not be valirular heart The contributory Measles ; disease,

If this certificate is Looked over thoroughly and a lqu tions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the certificate is permanently filed.

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RRGIN RESERVED FOR BINDING

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(81)
	County Addles	Registration Dist. No.
	Village or City Plan Berkel	NoSt.,Ward
	Length of residence in city or town where death observed yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,
		los ( /restor
	2. FULL NAME James allyans	Ot Ward
	(a) Residencé: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
_	- morred	(Month) (Day) (Yeer)
5	ia. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY, That I attended deceased from
_	(or) WIFE of Mary Vergueix Troller	1/01/18 1933 to 2055 22 1933
6	S. DATE OF BIRTH (month, day, and year)	I last saw heredive on Zerz 22 , 19 33 death is said
7	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	7 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Z	8. Trade, profession, or particular kind of work done, as SPINNER.	0.0000000000000000000000000000000000000
TIO		
10	work was done, as SILK MILL, SAW MILL, BANK, etc.	weres feumange
ACLIDA	10. Date deceased last worked et this occupation (month and spent in this	<i>f</i>
	year) occupation	Other Contributory Causes of Importance;
1	12. BIRTHPLACE (city or town)	Other Community Comes of Importance.
_	(State or country)	acely assurance
HFF	13. NAME (Lacles Try Clor)  14. BIRTHPLACE (city or town)	Starelypes /
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
0		Whet test confirmed diagnosis? Was there an autopsy?
THER	10. MAIDEN WAME Same Cause Cause	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	Mary Coest Procto	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
1	(Address) Wall of ned	opening mining securing in manager in mining, or min ducto reade.
1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place	Neture of Injury
1	19. UNDERTAKER HUNDER & Page	24. Was disease or injury in any way related to occupation of deceased?
	(Address)	If so, specify
2	20, FILED New 23 1933 M. C. Mongs	(Signed) 9.0, Thomas M. D
4	Registrar.	(Address) Naldel The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUERAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND

PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No. 10 8
Village or City Harry he wile (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mary Coatherin	Rebey tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married WIDOWED.	16 DATE OF DEATH . 192
Female white (Write the word)	(Month) / 7 (Day) 33 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
no 15- , 1906	192 2 to New 12 , 1823
(Month) (Day) (Year) 7 AGE [If LESS tha	that I last saw he alive on 100 12 , 1923,
l day hr	
2 yrs. // _mos. 79 _ds. ormin.	?
B OCCUPATION (a) Trade, profession or	boma toxic
particular kind of work Lead tought	
business, or establishment in which employed or (employer) Harry Kenney	(Durstion) yrs. mos de.
9 BIRTHPLACE	Contributory Of Les Concernation of Secondary reper left former, and left side of pelvis
(State or country) Wasand Chan los. my	(Duration) yrs mos water de.
10 NAME OF FATHER DAY TO THE TOTAL OF THE PARTY TO THE TOTAL OF THE PARTY TO THE TOTAL OF THE PARTY TO THE PA	(Signed) Harry C. Chopfelen M. D.
on 11 BIRTHPLACE	- Mov 13 1923 (Address) Hougher wie my
OF FATHER (State or country) Wardoof ned  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rellie M. Robery	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE Drycelof	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) Life The Tree Tree T	Where was disease contracted, if not at place of death?
The state of the s	Former or usual residence.
(Informant) When Robey	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Here her week Ing	Peris Cenedar nor 14, 1939
15 Filed ////// /33192 & Polol	20 UNDERTAKER ADDRESS
Filed 1/14/3.5192 Good That place Registrar	& R. Jan boe mushamen my
/If more blanks are needed, addrass State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

RECORD

A

H UNFADING INK--THIS

AINLY, W

WRITE

BINDING PERMANE

MARGIN RESERVED FOR

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should he taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. won-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. AGIN RESERVED FOR BINDING

V. S. No. 1

FION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(13)	
County Mallety	Registration Dist. No.	
Village or City Toufult	NoSt.,Ward	1
Length of rasidence in city of town where death occurred 30 yrs. mos		
2. FULL NAME & COULTER CE CONC	let -	
(a) Residence: No Cusual place of abode)	St., Ward.  If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	12.
5. SEX Calg Tolor or RACE 5. SINGLE, MARRIED, WIDOWED; OR BIVORCED (write the word)	21. DATE OF DEATH 700. /2 ,1933 (Year)	
5a. If married, with wed or divorced thus BAND of (or) WIFE of the family phase	22. I HEREBY CERTIFY, That I attended deceased from  1932 to New 12 1983	
6. DATE OF BIRTH (month, day, and year) april 29 1878	I last saw h. alive on www // 1933 : death is said	-
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 5-4-Fm.	
55 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or partially	Oate of onset	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this programme).	Wremie Pononi	
O 10. Date deceased last worked at this occupation (month and year)	340	-
12. BIRTHPLACE (city or town) Maily ormely (State or country)	Other Contributory Causes of importance:	
13. NAME KOUPL Shaw	Chrama Bright	-
13. NAME Mac Super Suace  14. BIRTHPLACE (city or town) Charles Country)  (State or country)	Name of operation Date of	-
	What test confirmed diagnosis?	-0
15. MAIDEN NAME Cathrine Willett  16. BIRTHPLACE (city or town) Waite Plains,  (State or country) Charles Country	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?	-
17. INFORMANT Frank Stant, (Address) Pomeral mul	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVE Date Date 1933	Manner of injury	-
19. UNDERTAKER Hunt & Ryans (Address) Waldorf My	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED NOV. 12, 1933 Lillian Posens.	(Signed) E. Spenen M. D  (Address) Pal allen Ind	),

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUARAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	run	FURINER	STATEMENTS	PI	PHISICIA.



Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county County Charles	Registration Dist. No. / U
Village or City Perhouling	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sadie Torser	
(a) Residence: No. Commonkeys	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrul OR DIVORCED (write thy word)	(Month) (Dhy) (Year)
Sa. If married, widowed, or divorced	(month) (buy) (tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
1000	, to, 19, 19, 19
5. DATE OF BIRTH (month, day, and year) 1900	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
33   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Oats of onset
8. Trade, profession, or particular	no physician in
kind of work done, as SPINNER, Housework	attendance,
d 9-ladustry or business in which work was done, as SILK MILL.	Acutly Brolally due
work was done, as SILK MILL, SAW MILL, BANK, etc	to aa maliqueting?
1D. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Charle le. Hig.	
(Stata or country)	
13. NAME Tobest Loyce.	
14. BIRTHPLACE (city or town)	Name of operation Data of
(Stata or country) Clerke Co. Md.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cliage Gull	23. If death was dua to external causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Charles Co. Hd	Accident, suicide, or homicide
E (Stata or country)	Where did injury occur?
Wabert Louis	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, ac in PUBLIC PLACE.
17. INFORMANT (Address) Machinary Md	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Pomerkey mo Date New 10, 1933	Nature of injury
07 CO. 1-	7
19. UNDERTAKER CHARLES	24. Was disease or injury in any way related to occupation of deceased?
(Address) prolación that Shift	If so, specify See C. Biolinell
20. FILED MOV. 9, 1933 Mary Switherland	(Signed) M. D.
Licul Registrar.	(Address) Markey, Vice

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Y 2

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD H UNFADING INK--THIS IS A PERMANEX MARGIN RESERVED FOR BINDING AINLY, W WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Charles	© CERTIFICATE OF DEATH
	Registration Dist. No. 108
Village or City flaghernele (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME No new	Wake tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	18 DATE OF DEATH ### 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
nn 14 1939	un as- brugget 10 now 14 , 1923,
(Month) (Day) (Yesr)	that I last saw halive on, 192,
TAGE Steen Gorse If LESS than I day hrs.	and that death occurred on the data stated above, atm, The CAUSE OF DEATH * was as follows:
yrsds. ormin.?  8 OCCUPATION (a) Trade, profession or particular kind of work	Rece Born
(b) General nature of industry	***************************************
business, or establishment in which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) Physical Review	Contributory Secondary  Lumbule Cal Carpington)  yis mos de.
10 NAME OF	26 / /20
FATHER Made	(Signed) M. D.  Nov 14 1932 (Address) Helpherele 2nd
of FATHER Callant the	
Z (State or country) leke les my	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Dernie Booth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE They continue	At place In the
(State or Country) Chan less not	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Trace- was	Former or usual residence
(Address) Hykuce net	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Provide Conceley  form her Hopking 11/16/87 19
Filed /// 1933 Eva Haffele ar	Truse nace Head headle he
If more branks are needed, address State Registrar	

(Approved by U. S. Census and American Public Health Association.)

Spinner, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciun, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot (Recommendations on statement of cause of death Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARG

V. S. No. 1.

' PLACE OF DEATH	STATE OF MARYLANI	
County Chres	(31) CERTIFICATE OF DEA	TH
Villago on Cin han White Plant in	Registration Dist. No.	108-
Village or City Man Content (No. (No. )	a hospite give its	ath occurred in all or institution, NAME instead t and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Mulallo Single Marketo, Marketo, Marketo, Or Brivage On Brivage Of Bridge Of Single	16 DATE OF DEATH PROP 16 (Month) (Day)	, 19B 2 (Year)
7 AGE (Month) (Day) , 1 (Year)  1 day, hrs. OR min.?	that I last saw h alive on and that death occurred on the date stated above.	, 191
(a) Trade, profession, or quarticular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Ar Secondary	mas
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  (Address)  (Address)  (Address)	(Signed) C.	. TRANSIENTS,
Fled Mar 16, 1933 M. G. Morere	20 UNDERTAKER ADDRESS	

REGISTRAR

If more blanks are sended, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill, (a) Sulesman, (b) (raccry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. business or industry, and therefore an additional line is provided for the latter statement, it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from of age.

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal moningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. SUICIDAL, or nomicidal, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," lapse," "Coma," chopneumonia (secondary), 10 ds. eough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anacmia" symptoms or terminal conditions, such as "Asthenia," Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-(mercly symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Examples: Accidental drowning, "Atrophy," Never report mere "Exhaustion," wound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Every	PHYSICIANS	Exact statement of OCC
RD.	IXI	stat
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IS A PERMANENT RECORD. Every item of	e stated EXACTLY.	sified.
ERMA	EXA	erms, so that it may be properly classified.
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IS	stat	pro
HIS	be	be
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Z	50	t it
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S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residanca in city or town whera daath occurred. 2. FULL NAME Cerchie (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONA MEDICAL CERTIFICATE OF DEATH TATISTICAL PARTICULARS 3. SEX 5. SINGLE\_MARRIED, WIDOWED, 21. DATE OF DEATH OR DEVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of 22. HEREBY CERTIFY. That I attended daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year // ... If LESS than 7. AGE Years Months Days to have occurred on the data statad above, at 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importanca .min. Date of enset 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, atc ... O. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town (Stata or country) What tast confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_\_ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: MOTI 16. BIRTHPLACE (city or tow (Stata or country Where did injury occur? ..... (Specify city or town, county and State)
Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIALI CREMATION, OR Manner of injury

(Addrass) 121,1933 Registrar.

24. Was disaase or injury in any way related to occupation of deceased?

(Address) ....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Norts.

Natura of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	•
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1986	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEAT	H
---------------------------------------	-------	----	-------	------	---------	-------	----	------	---

				- 4
1	1	U	1	1
_1	-4	V	9	-

1. PLACE OF DEATH	71-7
County levels	Registration Dist. No. 105
Village or City White I Cain	No. St., Ward
14.	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or flown where deeth occurredmc	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles Hagy	- Sillell
(a) Residence: No. Nor White Plans	St., Ward.
(Usual place of abodé) PERSONAL AND STATISTICAL PARTICULARS	If nonresident city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mahand of Julia Agus	22. i HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest saw ham alive on Jackhyal, 193 ] ; death is said
7. AGE Years   Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	THE RESERVE CASE OF BEATH and related causes of importance
8 Trade profession or particular	were as follows: But for Date of onset
kind of work done, as SPINNER, 70	and Amin (93)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10, Date deceesed last worked at this ceruation (years) bis ceruation (month and	3 ^
SAW MILL, BANK, etc	
this occupation (month and spaot in this occupation	
M. G. T. Claim	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
10 1	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
to august and trans on principal	Menner of Injury
Place Date Date Date Date Date Date Date Dat	Nature of injury
Durth Illiam	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Nal Just (Manual Control Cont	If se, specify
11111 22-71 0 71 2.0 \$	(Signed) M. D.
20. FILED/LOV 1, 19 99 MI Registrar,	(Address) Walthy

If more blanks are needed, address State Registfar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	Rott St.			
Other contributory c	auses of importance:		Other contributory causes of importance:	11
Gallstones		May 1,1923	Gastroenteritis	1 year
				1125

V. S. No. 1 N. B. should state

1	S	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH
1	County County	anles			(82-0)
	Village or City	W Con	elvie		No. Registration Dist. No. 2 War
	Length of residence In o	city or town where	death occurred	vrs 2 mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmosds
2	. FULL NAME	mani	ie Wri	ight	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(a) Residence: No.	Bal	ltumor (Usual place	e man	St., Ward.  If nonresident give city or town and State
	PERSONAL AN	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Lemale (	OR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of	orced	Wright		22. I HEREBY CERTIFY, That I attended deceased from
			19111	1	, 19, to, 19, 19
7. A	ATE OF BIRTH (month, de	Months	Oays	If LESS than	last saw h; death is sai to have occurred on the date stated ebove, atm.
	89			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
NO	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	particular , as SPINNER,		/	Date of onset
OCCUPATION	9. Industry or business I work was done, as SAW MILL, BANK,	n which		K	tacks. Several at-
occi	SAW MILL, BANK, 10. Date deceased last we this occupation (me	rked at	11. Total ti	me (years)	no Physicien
	year)	C la 22		pation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town (State or country)	) chai	llo e	9	Exhaustin
ER	13. NAME (	Main	Coo	per.	- Jenera assarella
FATHER	14. BIRTHPLACE (city or t	own) Ch	Mes	Cs.	Name of operation Oate of
œ	15. MAIOEN NAME	1 0000	marta	iona. 0	What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (city or t	own Cha	120 Cal	10 Wear	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
Σ	(State or country)	0	ma	7	Where did injury occur?
17.	(Address)	hand of	Thon	as no	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR Place	Top his	Barelia	v (6 1033	Manner of injury
19	UNDERTAKER PL	m mix	and Cos	· NQ	Nature of injury 24. Was disease or injury in any wey related to occupation of deceased?
13.	(Address)	Jacon (	Spry	P	If se, specify
20.	FILED WM 18	1933 Ki	Illian	Registrar.	(Signed) Lulian Took legeller

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